

ARIZONA

DEPARTMENT OF ADMINISTRATION
HUMAN RESOURCES

ACTIVE EMPLOYEE BENEFITS

ENROLLMENT GUIDE

2022

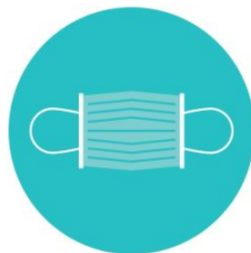
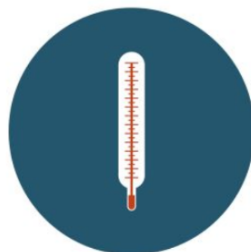




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About This Guide

This guide is a summary of the benefits offered through the State of Arizona Benefit Options program. The actual benefits available to you and the descriptions of these benefits are governed in all cases by 26 U.S. Code § 125, Summary Plan Descriptions, and contracts. The State of Arizona reserves the right to modify, change, revise, amend, or terminate these benefit plans at any time. You may view and print the complete Active Benefits Guide and the Summary of Benefits and Coverage on benefitoptions.az.gov/sbc.

Benefit Changes for 2022

- **Premiums** - Your premiums for all plans will stay the same for 2022. While overall healthcare costs continue to rise nationwide, the State pays approximately 88% of your total health care insurance cost. For 2022, the State will absorb the cost increases to keep your premiums unchanged.
- **Plans** - All plans will remain the same for 2022, including medical, prescription drug, dental, vision, short-term disability, life insurance and wellness programs. There are no changes to copays, deductibles, or out-of-pocket maximums.
- **Carriers** - The carriers for all plans will remain the same for 2022.



ID Cards

Medical • Current/new enrollees - You will receive a new ID card in 2022.

- Dental**
- Current Cigna enrollees - The cards you have will be the same for 2022.
 - Current Delta Dental enrollees - You will receive new ID cards for 2022.
 - New enrollees/carrier change: You will receive a new card in late December.

Cards can also be viewed electronically on your carrier's website. If you need assistance before you can retrieve your card information, please contact 602-542-5008, toll-free at 1-800-304-3687 or benefits@azdoa.

How To Enroll Online

To improve efficiency, all benefit enrollment is online at hrsystems.azdoa.gov> YES Portal. Paper forms are not available.

STEP 1 - MAKE AN INFORMED CHOICE



- **Guides** - Read through this guide.
- **PicWell** - This decision tool provides estimates and suggestions on choosing a plan. Visit adoa.picwell.com
- **Carrier Websites** - All carriers have dedicated websites and phone lines listed at the back of this guide.

STEP 2 - UPDATE YOUR BROWSER



- The supported web browsers are shown here. Using other web browsers will create enrollment issues.
- If it is necessary to install a browser, search for it online and follow the download instructions.
- **Use a computer not a phone or tablet for Apple Safari.*

Google
Chrome



Microsoft Edge
Chromium



Apple
Safari*



Mozilla
Firefox



STEP 3 - ENROLL



- Login to hrsystems.azdoa.gov> YES Portal.
- On the left side, click **BOOKMARKS> NEW HIRE ENROLLMENT**. Then follow the steps to enroll.
- After completing each screen, click the blue **CONTINUE** button in the right hand corner.
 - *Hint: Scroll down to find the button.*
- **Problems with accessing the YES website?** Contact the HRIS Help Desk at 602-542-4700.
- **Benefit questions?** Contact Benefit Services at 602-542-5008 or toll-free 1-800-304-3687.

STEP 4 - CONFIRMATION EMAIL



- Immediately after enrolling, a confirmation email titled **"Annual Benefits Enrollment Summary"** will be sent to your work and personal emails on file.
- Please review this email to ensure your elections are correct. Save the email for future reference.
- If your elections are not correct, log back into YES and re-elect the correct coverage.

Return-to-Work Retirees

- For your active employee benefits: Make election changes online at hrsystems.azdoa.gov> YES Portal during Open Enrollment.
- For your retiree benefits: Make election changes on the enrollment form mailed to you. Submit as instructed on the form.



Beneficiaries

If you elect Supplemental Life insurance, you will be unable to designate a beneficiary at the time of election. The plan becomes effective the pay period following enrollment, so you may designate a beneficiary at that time. To do so, you must log in to hrsystems.azdoa.gov> Bookmarks> YES Portal> Your Employee Services> Benefits> Beneficiaries.



Contact Information Requirement

As you enroll on hrsystems.azdoa.gov>YES Portal, you are required to validate and update your personal contact information, such as mailing address, email and phone number, so we can communicate efficiently with you about your benefits. To change your contact information at any time, visit hrsystems.azdoa.gov> YES Portal, or contact your agency's HR department. ADOA is not responsible for lost or misdirected communications.

Eligibility for Benefits

Employee - You and your eligible dependents are eligible for the Benefit Options program if you are hired by the State, including a state university and meet the required hours.

- Regularly scheduled employee: paid for at least 20 hours per week for at least 90 days.
- Seasonal, temporary or variable hour employee: paid for an average of 30 hours per week (1,560 per year) using an initial 12-month measurement period which starts on the first of the month after the hire date.
- To maintain eligibility through the annual standard measurement period of October 10th each year through October 9th of the following year, regularly scheduled employees must be paid for a minimum of 1,040 hours per year; seasonal, temporary or variable hour employees must be paid for a minimum of 1,560 hours per year. Questions? Contact your benefits liaison.

Dependents - Defined as your legal spouse; your child(ren) under age 26 defined as: natural, adopted, step, foster, under court-ordered placement pending adoption or guardianship. A disabled child over age 26 who continues to be disabled as defined by § 42 U.S.C. 1382c before age 26.

Supporting Documentation - For dependents being enrolled for the first time in the following categories: your legal spouse; your child(ren) under age 26 defined as: natural, adopted, step, foster, under court-ordered placement pending adoption or guardianship. Submit the birth/marriage certificate and applicable court order within 14 days to complete processing. Federal law requires a Social Security Number (SSN) for all dependents enrolled in State plans. *Failure to submit documents will result in disenrollment.*

Qualified Life Events - After Open Enrollment, benefit changes can only be made for a Qualified Life Event (QLE). Events that may be considered a QLE must be submitted in writing to the ADOA Benefit Services Division within 31 days of the event. A QLE event may include but is not limited to:

- Marriage, legal separation, annulment, death.
- Divorce, see next column.
- Birth, adoption, court-ordered placement pending adoption, court-ordered guardianship, age limit, legal custody change. See next column for more information on newborns.
- Change in employment status or work schedule impacting benefits eligibility for you and/or your dependents. You may only enroll in the coverage that was lost.
- Leave Without Pay (LWOP) status.

QLE Changes - Visit benefitoptions.az.gov/QLE and follow the instructions. All required supporting documents must be submitted. ***Failure to submit within 31 days will result in a loss of enrollment.*** The effective date for QLE changes is based on the

type of event. For more information see the "QLE & Mid-Year Changes Chart" on benefitoptions.az.gov/QLE.



Divorce and Ex-Spouse Coverage

Divorce is a QLE. You are *required to drop coverage* for an ex-spouse within 31 days of your divorce decree. For court orders to provide insurance for an ex-spouse, you must obtain insurance coverage elsewhere.



Newborn Coverage - Your newborn is **ONLY covered under your insurance for the first 31 days after birth. By the 31st day, you must ENROLL your newborn as a dependent or the baby will not be covered.** Miss the deadline and you must wait until you have a QLE or the next

Open Enrollment period. To enroll your child, submit a Declaration for Change form with a crib card, birth certificate or hospital verification letter.

Duplicate Enrollment - Duplicate enrollment in State plans is prohibited and will be terminated with no refunds for the premiums paid. For spouses who are State and/or a State university employees and/or retirees these rules apply:

- You cannot enroll each other as dependents, nor have your children enrolled twice. One spouse may elect coverage for the entire family, or each spouse may elect their own coverage. Dependent children can be on one spouse's policy, or divided between spouses.
- If your parents are State and/or State University employees, you cannot be enrolled as a single subscriber in a State plan and as a dependent on your parent's policy.

Benefit Premium Payments



Benefit premiums are automatically deducted from your paycheck each bi-weekly payroll cycle. Payment is current, meaning your deductions are taken during the benefit coverage period.

Enough Pay - If you do not receive any pay or enough pay to cover the full employee portion of the benefit premium deduction during a pay period, **YOU ARE RESPONSIBLE FOR PAYING THE FULL EMPLOYEE PORTION OF THE BENEFIT PREMIUM.** If you return to pay status with unpaid premiums, as much as possible will be deducted from your first paycheck and subsequent checks until the full amount is paid. This could be your full paycheck(s) amount.

Enough Hours - If you do not have at least thirty (30) paid hours within a pay period and are not on FMLA, **YOU ARE RESPONSIBLE FOR BOTH THE FULL EMPLOYEE AND THE FULL EMPLOYER BENEFIT PREMIUMS.** Questions? Contact your benefits liaison. See the policy on benefitoptions.az.gov/benefitpremium.



How to Save on Benefits

As healthcare costs continue to rise, there are steps you can take to save money with programs and services offered by Benefit Options. Here are simple ways you can offset the costs of your benefits. Look for the piggy bank symbol on the left throughout this guide for ways you can save.



Choose the Right Medical Plan, p. 6-10

- **Guides** - Read through this guide for a good overview of each plan.
- **Carrier Websites** - All carriers have dedicated websites and phone lines listed at the back of this guide.
- **PicWell** - This decision tool provides confidential estimates on choosing a plan. Visit adoa.picwell.com.



Choose the Right Medical Care

- Is the ER the right place to go? Match the service to your needs to save.
- Get advice from a registered nurse for \$0 – see the Nurseline number on the back of your medical card.
- Choose a Primary Care Physician today and establish a relationship.
- For more money saving ideas, visit benefitoptions.az.gov/savingonbenefits.



Preventive Care \$0

- Wellness visits, immunizations, screenings, dental cleanings, mammograms, prostate exams and more are covered on the medical and dental plans to keep you healthy.



\$200 Wellness Incentive, p. 17

- HIP is our award-winning wellbeing program for all benefits-eligible employees where you engage in healthy activities and wellness screenings to gain points and ultimately earn a \$200 annual incentive award for achieving your goals.
- We've partnered with Virgin Pulse to offer a state-of-the-art platform for your wellness journey. Track activities on your device and sync effortlessly to earn points.



Flexible Spending Account, p. 14

Health Savings Account, p. 7

- The Flexible Spending Account (FSA) allows you to pay for medical (healthcare) and daycare/eldercare expenses, including co-pays, with pre-tax dollars and save up to 25%.
- Have your deductibles budgeted for the year – tax-free!
- The Healthcare Flexible Spending Account is pre-funded on January 1, so funds are available right away.
- The Health Savings Account (HSA) receives contributions from the State and is used with the High Deductible Health Plan (HDHP). You can contribute to the account with pre-tax dollars, and you can pay for expenses and earn interest on a tax-free basis.

Additional Services and Discounts

- **Counseling** - The Employee Assistance Program (EAP) offers counseling for you and your household members, see p. 18
- **Legal & Financial** - Create a will, get a financial assessment, free consultation with an attorney, ID theft assistance and more. Services are offered through the life insurance carrier Securian on p. 16 and our Employee Assistance Plan (EAP) provider ComPsych Guidance Resources on p. 18.
- **Travel Assistance** - Lost luggage, medical relocation, repatriation of remains, see p. 16.
- **Shopping Discounts** - Learn more about PerksConnect on p. 13
- **Higher Education Discounts** - For all State universities and several more institutions, see p. 13.



Medical Plans

Benefit Options offers two medical plans — the Triple Choice Plan and the High Deductible Health Plan with Health Savings Account. Both plans are available from two carriers, Blue Cross Blue Shield of Arizona and UnitedHealthcare. Each carrier offers their own broad nationwide provider networks. See the full comparison on p. 9 and view the carrier websites on p. 20. For more information visit benefitoptions.az.gov/medical.

Cost-Sharing Definitions

The share of costs covered by your insurance that you pay out of your own pocket. This term generally includes deductibles and copayments, but it does not include premiums, balance billing amounts for non-network providers, or the cost of non-covered services.

Premium	Your premium is the amount you pay each paycheck for your insurance coverage.
Deductible	At the start of each Plan Year, you pay for the cost of your health care before your State of Arizona health plan will pay.
Copayment/ Coinsurance	Once you have met your deductible, you will share in the cost of your health care with the State of Arizona. A copayment is the flat dollar amount that you will pay for health care services. Coinsurance is a percentage of the cost you will pay for health care services.
Out-of-Pocket Maximum	This amount is the most you will pay for health care services (not including premium). Once you have reached your out-of-pocket maximum, your State of Arizona health plan will pay 100% of all your covered services for the remainder of the Plan Year.

Triple Choice Plan

The Triple Choice Plan (TCP) is based on three tiers. For a single premium, you have access to all three tiers as shown below. You'll save the most when you choose providers from Tier 1, a network of doctors and facilities that meet strict criteria for both quality and cost of care.

Features

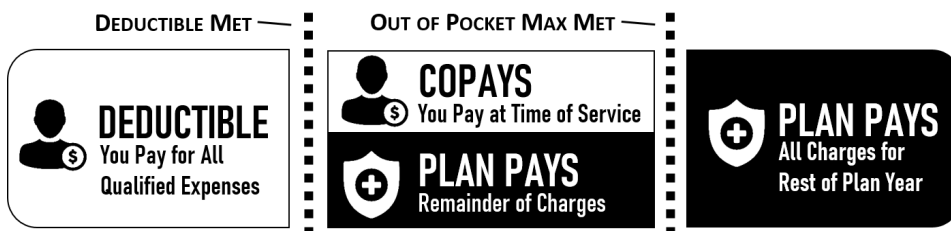
- **Carriers:** Blue Cross Blue Shield of Arizona and UnitedHealthcare.
- **One Plan:** The TCP is a single plan, you do not sign up for a specific tier.
- **One Premium:** You pay a single premium to access the plan.
- **Tier Access:** You can access all three tiers of providers and facilities. You control costs by choosing providers and facilities in the lowest tiers. See chart below.
- **No Referrals:** You can still see the providers you know and trust—even if they aren't in Tier 1.
- **Preventive Care:** In-Network preventive services are covered at 100%.
- **Deductibles:** The deductible for Tier 1 counts toward Tier 2 and vice versa. Prescription drug copays are not subject to the medical deductibles. These copays do count toward the annual out-of-pocket maximums. See the deductibles and how they work on p. 6.

Tiers		
Tier 1	In-Network Providers	Choose doctors and facilities from Tier 1 to get the highest level of benefits.
Tier 2	In-Network Providers	You receive in-Network benefits for using participating network providers. For some services, you'll pay a higher out-of-pocket cost with a Tier 2 provider than you would with a Tier 1 provider.
Tier 3	Out-of-Network Providers	You will pay the highest cost for using out-of-Network providers, and may be responsible for paying the full provider-billed charges.

Continued on p. 6

Triple Choice Plan, continued from pg 6.

Deductible Structure



Tier 1 Deductibles (also apply to Tier 2)*			Tier 2 Deductibles (also apply to Tier 1)*		
Individual \$200	Family \$400		Individual \$1,000	Family \$2,000	
Member meets \$200 in expenses member begins paying copays	Any 1 Member meets \$200 in expenses ALONE member begins paying copays	Other Members meet \$200 in expenses COMBINED other members begin paying copays	Member meets \$1,000 in expenses member begins paying copays	Any 1 Member meets \$1,000 in expenses ALONE member begins paying copays	Other Members meet \$1,000 in expenses COMBINED other members begin paying copays

*Only qualified expenses apply. Visit [irs.gov](https://www.irs.gov) for a complete list of qualified expenses.

Using The Triple Choice Plan - Individual Coverage Example

Using ONLY Tier 1 Providers	Tier 1 Deductible Met (\$200) -----				
	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1
	Office Visit	Specialist Visit	Imaging	Surgery	Rehab
	January	February/March		April / May	

Save! The more **Tier 1** providers you use, the lower your deductible.

Using Tier 1 and Tier 2 Providers	Tier 2 Deductible Met (\$1,000) -----				
	Tier 1	Tier 2	Tier 1	Tier 1	Tier 2
	Office Visit	Specialist Visit	Imaging	Surgery	Rehab
	January	February/March		April / May	

How To Find Doctors and Facilities on the Triple Choice Plan

Blue Cross Blue Shield of Arizona - Tier 1	UnitedHealthcare - Tier 1
<ul style="list-style-type: none"> Visit azblue.com/stateofaz. Click the "Find A Doctor" tab. Choose the Triple Choice Plan. Type in the doctor or facility name. Look for results with the Tier 1 ribbon. 	<ul style="list-style-type: none"> Visit whyuhc.com/stateofaz. Click the "Search for a Provider" tab. Choose the Triple Choice Plan. Type in the doctor or facility name. Look for results with the Tier 1 dot.



Medical coverage continued on p. 7

High Deductible Health Plan with Health Savings Account

The High Deductible Health Plan (HDHP) offers upfront savings on premiums paired with a Health Savings Account (HSA) both you and the State contribute to on a pre-tax basis so you can pay for your deductible and other qualified medical expenses.*



Features

- **Carriers:** BlueCross BlueShield of AZ and UnitedHealthcare. Use Total Care or Premium Care providers for the best value and quality care.
- **Premiums:** Are 50% less than the TCP plan, but with a higher deductible. To offset paying the deductible and other qualified medical expenses*, the State contributes approximately half of the deductible amount to an HSA that you can also contribute to. (See below.)
- **In-Network Services:** Services can be obtained in-Network or out-of-Network but will have higher costs for out-of-Network services.
- **No Referrals:** Choose in-Network providers and facilities for the most savings. In-Network preventive services are covered at 100%.
- **Deductibles:** Before the plan pays, separate in-Network and out-of-Network deductibles must be met (includes prescription drugs).

Deductible Structure*

			Individual \$1,500	Family \$3,000
DEDUCTIBLE You Pay for All Qualified Expenses	COINSURANCE You Pay 10%	PLAN PAYS Remainder of Charges	Member meets \$1,500 in expenses member begins paying coinsurance	Members meet \$3,000 in expenses COMBINED all members begin paying coinsurance

*Only qualified expenses apply. Visit irs.gov for a complete list of qualified expenses.

How a Health Savings Account (HSA) Works

- **Contributions:** The State makes biweekly contributions to your HSA to use towards qualified medical expenses. You can contribute on a pre-tax basis and use the funds for qualified expenses, including medical, dental and vision costs. See the HSA Contributions chart on p. 8.
- **Triple Tax Advantage:** Contributions are tax free. Withdrawals to pay for expenses are tax free. The account earns interest tax free.
- **Unused Funds Remain:** There is not a "use it or lose it" rule. Any unused funds remain in your account for future use.
- **Money Stays With You:** Funds in the HSA are yours and remain available for future medical expenses, even after you retire.

Using The HDHP w/HSA - Individual Plan Example

Using Total Care or Premium Care Providers	Deductible Met (\$1,500) -----				Coinsurance -----		
	Total Care ♥♥				Total Care ♥♥		
	Office Visits	Specialists	Imaging	Surgery	Rehab	Rehab	Office Visit
	January	February	March	April	May	June	July
Your HSA Contribution Per Paycheck (2/mo)							
State HSA Contribution Per Paycheck** (2/mo)							

**\$27.29 Individual, \$55.38 Family, see p. 9

How To Find Doctors and Facilities On the High Deductible Plan for the Best Value and Quality Care

Blue Cross Blue Shield of Arizona - Total Care

- Visit azblue.com/stateofaz.
- Click the "Find A Doctor" tab.
- Choose the HDHP w/HSA plan.
- Type in the doctor or facility name.
- Look for results with the Total Care icon.

Total Care

UnitedHealthcare - Premium Care

- Visit whyuhc.com/stateofaz.
- Click the "Search for a Provider" tab.
- Choose the HDHP w/HSA plan.
- Type in the doctor or facility name.
- Look for results with the double heart icon.



Continued on p. 8

Health Savings Accounts, cont. from p. 7

HSA Contributions 2022 – Use This Chart To Calculate Your Contributions

Coverage Tier	2022 Employee Contribution Max Limit	2022 State Contribution	2022 IRS Contribution Max Limit
Employee	\$2,930.06 ¹	\$27.69/pay period, Up to \$719.94 annually ¹	\$3,650
Employee + Adult, Employee + Child Family	\$5,860.12 ¹	\$55.38 per pay period, Up to \$1,439.88 annually ¹	\$7,300
Catch Up Contribution	\$1,000 - for age 55+, in addition to the Employee or Family contribution. Include in your Max Limit if applicable.		

¹ Subject to effective date of enrollment and remaining pay periods.

Calculate Your HSA Deduction Per Pay Period

Step 1: State HSA Contribution for 2022

State Contribution \$____ per pay period x 26 or ____ remaining pay periods = \$____ Annual State Contribution

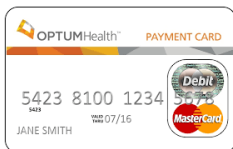
Step 2: Your HSA Contribution for 2022: You May Contribute Less Than This Amount, but Not More

IRS Contribution Max Limit \$____ - State Contribution \$____ = \$____ Employee Contribution Maximum Limit¹

Step 3: Your HSA Deduction Per Pay Period

Employee Contribution Amount (from Step 2) \$____ ÷ 26 or ____ remaining pay periods = \$____ Per Pay Period Deduction

HSA Account & Debit Card



- You access your HSA funds with a debit card to pay for qualified expenses as determined by the IRS.
- When you enroll in the HDHP, the State automatically opens your HSA with Optum Bank, our administrator. You will receive an Optum Bank mailing with account activation instructions, so open all mail from them.
- Be sure we have your correct mailing address (no P.O. Boxes allowed), and that your name in our system matches the full legal name on your Social Security card.

• HSA Customer Verification

- For your Health Savings Account (HSA) bank account to be activated, you must pass the verification process. For your protection, the federal Patriot Act requires Optum Bank to obtain, verify and record information that identifies each person who opens a new account.
- To begin this process, open, read, and follow all the instructions in all correspondence from Optum Bank.
- Until you pass the verification process, all HSA contributions to your account will be held. You will still have health insurance, but you will not have an HSA. If you do not pass the verification within 60 days, your contributions will be refunded to you. The State contributions will not be refunded to you. For more information, please contact your agency's benefit liaison.

- **Eligibility** – You are ineligible to participate in an HSA if: You or your spouse have a Health Reimbursement Account (HRA); you are enrolled in Medicare, Medicaid or TriCare; you receive care from the Veterans Administration (VA) – HSA contributions are prohibited for 90 days after care is received.

Medical Plan Comparisons

The two medical plans offer different advantages depending on how you use healthcare. In addition to this guide, please be sure to check out the following materials:



- **Guides** – Read through this guide.
- **PicWell** – Our decision support tool helps select the plan that's right for you and your family – adoa.picwell.com.
- **Carrier Websites** – All carriers have dedicated websites and phone lines listed on p. 20.

Medical Plan Premiums

The chart below is a comparison of in-Network and out-of-Network services. For a complete list of benefits coverage, view the Summary Plan Descriptions on benefitoptions.az.gov/medical. Carrier contact information is on p. 20.

Medical Plan Premiums per Pay Period¹

	Triple Choice Plan (TCP)		High Deductible Health Plan + HSA (HDHP)		
	Employee	State	Employee	State	Agency HSA Contribution
Employee Only	\$26.17	\$270.53	\$10.15	\$182.68	\$27.69
Employee + Spouse	\$71.49	\$557.12	\$30.46	\$378.62	\$55.38
Employee + 1 Child	\$57.30	\$362.34	\$25.89	\$247.50	\$55.38
Family	\$121.61	\$630.83	\$56.35	\$421.83	\$55.38

Carriers



BlueCross
BlueShield
of Arizona



United
Healthcare

Coverage		Triple Choice Plan			High Deductible Health Plan	
		Tier 1 In-Network	Tier 2 In-Network	Tier 3 Out-of-Network	In-Network	Out-of-Network
Deductible	EE Only	\$200	\$1,000	\$5,000	\$1,500	\$5,000
	EE + Spouse EE + 1 Child Family	\$400	\$2,000	\$10,000	\$3,000	\$10,000
Out-of-Pocket Maximum ^{3,4}	EE Only	\$7,350 - Tier 1 & Tier 2 Combined		\$8,700	\$3,500	\$8,700
	EE + Spouse EE + 1 Child Family	\$14,700 - Tier 1 & Tier 2 Combined		\$17,400	\$7,000	\$17,400
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Routine Preventive Services		\$0	\$0	50%	\$0	50%
Copayment / Coinsurance ^{2,3} After Applicable Deductibles Are Met						
Office Visits (Including Mental & Behavioral Health)						
Primary Care Physician (PCP)		\$20	\$20	50%	10%	50%
Specialist ⁴		\$40	\$40	50%	10%	50%
OB/GYN		\$20	\$20	50%	10%	50%
Telemedicine Services		\$20	\$20	50%	10%	50%
Durable Medical Equipment		\$0	\$0	50%	10%	50%
Emergency Services ⁵						
Ambulance		\$0	\$0	\$0	10%	50%
Emergency Room		\$200 ⁵	\$200 ⁵	\$200 ⁵	10%	10%
Urgent Care		\$75	\$75	50%	10%	50%
Inpatient Hospital Admission		\$250	\$250	50%	10%	50%
Outpatient Facility		\$100	\$100	50%	10%	50%
Laboratory and X-Ray Services ⁶		\$0	\$0	50%	10%	50%
Major Radiology Services ⁷		\$100	\$100	50%	10%	50%

¹ For the NAU-only BCBS PPO Plan information, visit nau.edu/human-resources/benefits/benefit-plan-document/

² Copayments apply after the Plan deductible is met. Copayments and deductibles apply to the Out-of-Pocket Maximum.

³ The Plan pays 100% after the out-of-pocket maximum is met.

⁴ Includes Chiropractor and Therapy services.

⁵ Emergency Room must be a medical emergency as defined by the Plan. Copayment waived if admitted, but subject to hospital admission copayment.

⁶ See summary plan document for more information on covered services.

⁷ Includes CAT scans, MRI/MRA, PET scans, etc. See summary plan document for more information.



Prescription Drug Plan

MedImpact is the prescription drug provider for all medical Plans. All prescriptions must be filled at an in-Network pharmacy by presenting your medical insurance card. Your prescription drug coverage is included with your medical plan. MedImpact contact information, Rx and BIN numbers are on p. 20. For more information, visit benefitoptions.az.gov/prescriptions.



Formulary

The formulary is the list of prescription drugs chosen by a committee of doctors and pharmacists to help you maximize the value of your prescription benefit. These generic and brand name medications are available at a lower cost. The use of non-preferred medications will result in a higher copay. Changes to the formulary can occur during the Plan Year. Medications that no longer offer the best therapeutic value for the Plan are removed from the formulary. Ask your pharmacist to verify the copay amount when your prescription is filled.

The prescription drug benefit has a three-tier formulary. The copay chart below is for medication bought via retail and mail order. Choosing a brand name over a generic may cost more. To see the formulary, visit benefitoptions.az.gov/prescriptions. Share the formulary with your doctor to ensure you are getting the best value, which saves money for you and the State of Arizona.

Copays			
	Generic	Preferred Brand Name	Non-Preferred Brand Name
Retail 31 Days	\$15	\$40	\$60
Retail 90 Days	\$37.50	\$100	\$150
Mail Order 90 Days	\$30	\$80	\$120

Prior Authorization

Prescriptions for certain medications may require clinical approval before they can be filled, even with a valid prescription. These prescriptions may be limited to quantity, frequency, dosage or may have age restrictions. You, your local pharmacy, or your physician can contact the pharmacy vendor to initiate the authorization process.

Non-Covered Drugs

Certain medications are not covered as part of the Benefit Options Plan. If you find such a drug has been prescribed for you, discuss an alternative treatment with your doctor.

Coordination of Prescription Drug Benefits

Benefit Options does not coordinate prescription drug benefits.

Specialty Drug Program

This program assists with monitoring your medication needs for specific injection drugs and other therapies requiring complex administration methods and special storage, handling, and delivery. Specialty medications are limited to a **31-day supply**.

Out-of-Network & International

The cost of prescriptions filled out-of-Network will not be reimbursed. No international prescription drug services are covered. Fill prescriptions before your trip and take your prescriptions with you. No coverage for medication that is lost, stolen, or damaged.

Pharmacy Savings Programs

Take advantage of these easy ways to save.



- **90-Day Supply**

Members requiring medications for an on-going health condition can obtain a 90-day supply of medication at a local retail pharmacy for two and a half copays.

- **Mail Order Service**

A convenient and less-expensive service for members who require medications for on-going health conditions or who will be in an area with no participating retail pharmacies for an extended period.

- **Discount Program**

The Discount Program may be able to provide a discount on certain brand and generic medications that are not covered by your Benefit Options prescription drug plan. Present your medical ID card and prescription at any participating pharmacy. Savings are applied automatically when the item prescribed qualifies for a discount.



Telehealth

All Benefit Options plans include coverage for telehealth visits. You may use your medical carrier's app or our Doctor on Demand app which works with both carriers. Learn more on benefitoptions.az.gov/telemed. Carrier contact information is on p. 20.

What is telehealth?

- Why wait for an appointment, drive to the doctor's office, and sit in a crowded waiting room? You can now connect with a doctor on your mobile device. At home or when you're traveling the United States.
- Services are available 24/7 so you and your family can get care quickly...often within minutes.
- Through live video, doctors review symptoms and medications, perform an exam and may recommend treatment, including prescriptions and lab work, if needed.
- All doctors are board-certified and extensively trained in telehealth.




Conditions treated

- Colds, flu, fever, sore throat, vomiting, diarrhea, rash, allergies, heartburn, indigestion, respiratory issues, migraines, pink eye, eczema, acne, and other non-emergency conditions.
- If you are experiencing an emergency, please call 911.
- Mental health services are also available so you can speak to a counselor in privacy and at your convenience.

Cost

- Medical Visit
 - Before Deductible is Met
 - TCP & HDHP: \$49
 - After Deductible is Met
 - TCP: \$20 copay. The copay is the same as for an office visit.
 - HDHP: 10% coinsurance. The coinsurance is the same as for an office visit.
- Mental Health Visit
 - Before Deductible is Met
 - TCP & HDHP
 - Psychology and Psychiatry visits can range from \$80-\$300. Negotiated rates differ among carriers.
 - After Deductible is Met
 - TCP: \$20 copay. The copay is the same as for an office visit.
 - HDHP: 10% coinsurance. The coinsurance is the same as for an office visit.

How To Use Telehealth Services

Download From Your App Store		Register		Connect
Doctor on Demand  Works with both carriers For employer name, use State of Arizona	BlueCross BlueShield AZ  BlueCare Anywhere app	UnitedHealthcare  UnitedHealthcare app	Get your insurance card to register you and your covered dependents on the app in a few taps. <i>Consider setting up your account before you need it so you can get care quickly.</i>	Follow the instructions in the app to connect with a doctor in minutes from wherever you are, home or away from home.



Dental Plans

Benefit Options offers two dental plan options with Cigna and Delta Dental. The chart below is a comparison of in-Network services only which are subject to all provisions, terms and conditions of the Plan Description or Patient Charge Schedule. For a complete list of benefits coverage and out-of-Network services, view the Summary Plan Descriptions on benefitoptions.az.gov/dental. Carrier contact information and policy numbers are on p. 20.

Cigna Dental Care Access



Cigna

A Dental Health Maintenance Organization Plan (DHMO) without deductibles or dollar limits. Services must be obtained from your assigned in-Network general provider. Out-of-Network services are only covered in emergency situations. Residents of these states cannot enroll in the Cigna DHMO: AK, ME, MT, NH, NM, ND, PR, SD, VT, USVI, and WY.

Delta Dental PPO Plus Premier



A Dental Preferred Provider Organization Plan. Services can be obtained in-Network or out-of-Network but will have higher costs for out-of-Network services. Also, there are in-Network and out-of-Network deductibles that must be met.

Dental Plan Premiums Per Paycheck

Plan Type		Cigna Dental Care Access ¹	Delta Dental PPO Plus Premier
Employee Only		\$1.64	\$14.30
Employee + Adult		\$3.29	\$30.33
Employee + Child		\$3.08	\$23.34
Employee + Family		\$5.46	\$48.26
Employee Cost For Care			
Plan Year Deductibles		None	\$50/\$150
Annual Combined Basic & Major Services		No Dollar Limit	\$2,000 per person
Orthodontia Lifetime		No Dollar Limit	\$1,500 per person
Preventive Care Class I	Oral Exam	\$0	\$0 - Deductible Waived ²
	Emergency Exam	\$55, after hours office visit	\$0 - Deductible Waived ²
	Prophylaxis/Cleaning	\$0	\$0 - Deductible Waived ²
	Fluoride Treatment	\$0	\$0 (to age 18) - Deductible Waived ²
	X-Rays	\$0	\$0 - Deductible Waived ²
Sealants		\$12 per tooth	20% (to age 19)
Fillings		Amalgam: \$0 Resin: \$0	20%
Extractions		Simple: \$12 Surgical \$53	20%
Periodontal Gingivectomy		\$91, 1 to 3 teeth \$180, 4 or more teeth	20%
Oral Surgery		\$12 - \$850	20%
Crowns		\$150 - \$500	50%
Dentures		\$680 each upper & lower	50%
Fixed Bridgework		\$135 per unit	50%
Crown/Bridge Repair		\$490	50%
Implant Body		\$1,025	50% ³
Orthodontia		24-mo. treatment fee, see charge schedule	50% ⁴
Other Services	TMJ Exam/Services	\$330 Occlusal Orthotic Device	Not covered
	External Bleaching	\$165	Not covered

¹ Residents of these states cannot enroll in the Cigna DHMO: AK, ME, MT, NH, NM, ND, PR, SD, VT, USVI, and WY.

² Routine visits, exams, cleanings and fluoride treatments are covered two times per Plan Year at 100%.

Emergency exams are covered once per Plan Year at 100%. X-rays (Bitewing, Periapicals) are covered once per Plan Year at 100%.

³ Subject to both the benefit year allowance and the lifetime maximum limit of \$1,000 per tooth. Subject to all provisions, terms, and conditions of the Plan Description.

⁴ Limited to a lifetime maximum of \$1,500 per member.



Vision Plan

Benefit Options offers the Avesis vision plan. Benefits are subject to all provisions, terms and conditions of the Plan Description. For more information, visit benefitoptions.az.gov/vision.



Avesis Advantage Program

This program is voluntary insurance — you pay the entire premium annually. It provides yearly coverage for a routine eye exam, glasses or contact lenses with extensive provider access throughout the state. Discounts on additional optical purchases are unlimited. Avesis contact information is on p. 20.

Plan Services and Premiums

The chart below lists in-Network services only. For a complete list of coverage, view the Plan Policy on benefitoptions.az.gov/vision.

Vision Plan Premiums Per Paycheck		Advantage Program
Employee Only		\$1.72
Employee + Spouse		\$5.70
Employee + 1 Child		\$5.65
Employee + Family		\$7.11
Employee Cost For Care		
Routine Eye Examination Copay (One per Plan Year)		\$10
Optical Materials Copay (Lenses & Frame Combined)		\$0
Standard Spectacle Lenses (One per Plan Year)	Single Vision Lenses	Covered in-full
	Bifocal Lenses	Covered in-full
	Trifocal Lenses	Covered in-full
	Lenticular Lenses	Covered in-full
	Progressive Lenses	Uniform discounted fee schedule
	Select Lens Tints/Coatings	Uniform discounted fee schedule
Frame (One per Plan Year)		Up to \$150 retail value (\$50 wholesale cost allowance)
Contact Lenses in lieu of frame/spectacle lenses <i>Includes fitting, follow-up and materials</i>	Elective	10-20% discount & \$150 allowance
	Medically Necessary	Covered-in-full
LASIK/PRK		Up to \$750
Target Optical Frame Discount (locations inside Target Stores)		\$25



Higher Education Discounts

ADOA has partnered with multiple local and national higher education institutions to bring you an exciting benefit to advance your education with several accessible, attainable, and affordable degree programs.

- **Discounts** - Our negotiated discounts range from 5% to 25%, and your spouse and dependents may also be eligible.
- **Tuition Reimbursement** - Policies are set by the agency where you work. Please contact your supervisor for details.
- **Partner Institutions** - Arizona Christian University, Arizona State University, Benedictine University, DeVry University, Grand Canyon University, Northcentral University, Northern Arizona University, Ottawa University, University of Arizona, University of Arizona-Global Campus, and the University of Phoenix.



Shopping Discounts

PerksConnect is an exciting platform that allows its members to access everyday deals from merchants in their neighborhood and across the country. It's free to register. Learn more at azbenefits.perksconnect.com. Sign up on the web, then download the app. Simply present your mobile phone to participating businesses to receive an immediate discount. PerksConnect contact information is on p. 20.



Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars to pay healthcare expenses or out-of-pocket dependent care expenses. TASC - Total Administrative Services Corporation (TASC) is our FSA vendor. Learn more on benefitoptions.az.gov. TASC contact information on p. 20.

FSA Types

- **Healthcare FSA** - Use with the **TCP only** to pay for qualified medical, dental, and vision expenses, including insurance copays and deductibles. Qualified over-the-counter medications and supplies can also be purchased with an FSA, visit tasconline.com for a product list.
- **Limited Purpose FSA** - For HSA participants only, this account is used to pay for dental and vision expenses only.
- **Day Care/Eldercare FSA** - Pays for the daycare expenses of a dependent child under age 13 or a disabled adult so that you can work. **Not for insurance copays or deductibles.**

FSA Advantages & Rules

- **Less Tax** - Increase your take-home pay by reducing your taxable income. Each \$1 you contribute to an FSA reduces your taxable income by \$1. You can save up to 30%, depending on your tax rate.
- **All Funds Available January 1 - FSAs are per calendar year**
 - **Healthcare FSA and Limited Purpose FSA** - Are pre-funded with the total amount you decide to contribute for the year. You have access to the full amount on January 1, 2022 and your payroll contributions pay back the amount during the year.
 - **Daycare/Eldercare FSAs** - Only the funds contributed to date are available to use.
- **Offset Deductibles** - You can use the funds to pay for all or part of a deductible, up to the \$2,750 annual contribution limit. You'll have your deductible budgeted for the year - at a tax-free rate.
- **Convenient Payment With Debit Card** - Your funds are accessible with a MasterCard debit card you can swipe at your healthcare provider's office. Available for both Healthcare and Daycare/Eldercare FSAs. *Note: You will be sent a new debit card automatically and may request additional cards for your dependents. The card will arrive in a plain white envelope for security reasons, so be sure to watch for it in your mailbox.*
- **Website** - Visit tasconline.com to manage your accounts, set email alerts and pay providers.
- **App** - See account balances, upload receipts, check on expense eligibility, set alerts and more. Search for TASC in your device's app store and look for the green icon.



FSA Annual Contributions

	Minimum	Maximum
Health Care and Limited Purpose	\$130	\$2,750
Day Care/Eldercare FSA¹	\$260	\$5,000 (\$2,500 married filing separately)

¹ IRS non-discrimination testing may require ADOA to reduce your contribution. The Daycare/Eldercare FSA contribution for Highly Compensated Employees is limited to \$1,600 in 2022. (IRS definition Highly-Compensated Employee for 2022: earned \$130,000 or more in 2021.)

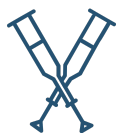
Calculate Your Annual & Per Pay Period Contribution

- ❑ **Choose** - The total annual amount to contribute for 2022 and divide by the total number of pay periods left in the year to determine your per paycheck contribution. You must re-enroll each year. Minimum and maximum contributions apply as per the FSA Annual Contributions chart above*.
- ❑ **Calculate - Pay Period Amount** $\$ \div 26 = \$$ **Annual Contribution Amount for 2022** Ex: $\$2600 \div 26 = \100 per paycheck.
- ❑ **Tip:** Estimate your costs on the conservative side, since you cannot rollover the funds. See "Use It or Lose It" below.



Use It or Lose It

FSAs are calendar-year based. Funds can be set aside and used *only* during that year for the expenses incurred *only* in that year. If you do not use all the funds in your account between Jan. 1 and Dec. 31, 2022, funds will be forfeited as per federal regulations. For 2022 expenses, you have until Mar. 31, 2022, to file reimbursement claims before the funds are forfeited.



Short-Term Disability

MetLife is the carrier for short-term disability insurance. Benefits are subject to all provisions, terms, and conditions of the policy. Learn more on benefitoptions.az.gov/disability. MetLife contact information is on p. 20.

Short-Term Disability Insurance

Short-Term Disability (STD) Insurance is voluntary insurance and you pay the entire premium. The STD benefit pays up to 66⅔% of your weekly pre-disability earnings if you are unable to work due to:

- Non-work-related injury (as determined by MetLife) - you may receive a weekly benefit for up to 26 weeks.
- Sickness - after your benefit waiting period, you may receive a weekly benefit for up to 18 or 22 weeks.
- Pregnancy - may be covered up to 6 weeks for a normal birth, and up to 8 weeks for cesarean birth.
- **Note:** You must meet the actively-at-work provision.



MetLife

Benefit Waiting Period

- There is no waiting period if you have a non-work-related injury, benefits start on the first day of your disability. Your benefits will start on the 31st day if you become disabled due to illness or pregnancy.
- If you elect STD coverage after your initial eligibility enrollment period at new hire and become disabled during the first 12 months of being covered under the Plan, your benefits will start on the 61st day of disability due to sickness or pregnancy.

Payment Reduction - Paid benefits are reduced by 100% of any sick and/or annual leave paid on your paycheck after the waiting period.

Claims - Contact MetLife to open a claim. Contact information is on p. 20.

STD Premiums		STD Payable Benefit ²	
Employee Cost Per Pay Period ¹		Weekly Minimum	Weekly Maximum
<p>Monthly premiums are \$0.316 for every \$100 of your annual base pay, up to the first \$70,000, if applicable.</p> <p>You pay premiums each bi-weekly pay period.</p>		10% of the Weekly Benefit or \$67.31, whichever is greater	\$897.43
<p>Calculate Per Pay Period Premium:</p> <ul style="list-style-type: none"> • Step 1: (Annual Salary ÷ 100) x \$0.316 = Annual Premium • Step 2: Annual Premium ÷ 26 Pay Periods = Pay Period Premium¹ <p>Example:</p> <ul style="list-style-type: none"> • Step 1: (\$45,000 ÷ 100) = 450 x \$0.316 = \$142.20 • Step 2: \$142.20 ÷ 26 = \$5.47 Pay Period Premium¹ 			

¹ The total calculated premium may vary due to payroll rounding.

² Payable Benefit is reduced by 100% of any sick and annual leave paid on your paycheck after the benefit waiting period.

Long-Term Disability

As a benefits-eligible employee, you are automatically enrolled in one of the State's two Long-Term Disability (LTD) programs. The retirement system to which you contribute determines your LTD program.

- **Arizona State Retirement System Participants** - Broadspire Services, Inc. is the administrator for the Arizona State Retirement System (ASRS) participants LTD Program. Your LTD benefit will pay up to 66⅔% of your pre-disability earnings during your disability as determined by Broadspire and based on supporting medical documentation. ASRS contact information is on p. 20.
- **Non-ASRS Participants** - MetLife is the Benefit Options carrier for non-ASRS participants. Your LTD benefit may pay up to 66⅔% of your monthly pre-disability earnings with a maximum benefit of \$10,000 per month during your disability as determined by MetLife and based on supporting medical documentation. MetLife contact information is on p. 20.

Deferred Compensation | AZ Smart Save Retirement Savings



Nationwide[®]
Financial

In addition to the mandatory Arizona State Retirement System (ASRS) pension plan, State employees may voluntarily enroll in the AZ Smart Save Plans (Deferred Compensation) with Nationwide Financial Advisors. Plans include: 457(b) Deferred Compensation, 401(k), 403(b), 401(a) and a Roth 457 Plan. Nationwide Financial contact information is on p. 20.



Life Insurance

Securian is the Benefit Options carrier for Life and Accidental Death and Dismemberment (AD&D) insurance. Benefits are subject to all provisions, terms, and conditions of the policy. Learn more on benefitoptions.az.gov/lifeinsurance. Securian contact information is on p. 20.



Basic Life Insurance – Paid by the State

You are automatically covered at no cost to you by the State of Arizona for the following amounts:

- \$15,000 Basic Life Insurance and \$15,000 AD&D Insurance

Supplemental Life and AD&D Insurance

- Purchase additional insurance for yourself to supplement the Basic Life paid by the State.
- You pay for the additional coverage.
- On **new hire only**, may purchase in multiples of \$5,000, not to exceed the lesser of three times your annual salary, to a maximum of \$500,000.
- AFTER the initial election period, you may add up to \$20,000 annually, in multiples of \$5,000, during future Open Enrollments only.
- Premiums for the first \$35,000 are pre-tax.
- Premiums based on your age as of Jan. 1, the first day of the Plan Year.
- You may reduce your Supplemental Life to \$35,000 from a higher amount or decline Dependent Life at any time during the year without a QLE.
- Be sure to keep your beneficiaries updated on hrsistemas.az.gov > YES Portal > Your Employee Services > Benefits > Beneficiaries. You may update this information at any time during the year without a QLE.

Premiums Per Pay Period¹

Your Age	Cost per \$5,000
29 and under	\$0.14
30-34	\$0.16
35-39	\$0.17
40-44	\$0.28
45-49	\$0.36
50-54	\$0.57
55-59	\$0.82
60-64	\$1.44
65-69	\$1.44
70+	\$2.26

¹The total calculated premium may vary due to payroll rounding.

Dependent Life and AD&D Insurance

- You can purchase life insurance and AD&D coverage for your dependents.
- Pay one premium to cover your spouse, children under age 26, and disabled dependent children.
- The policy pays out for each individual person.
- For \$50,000 in dependent life coverage, you must elect at least \$50,000 in combined basic and supplemental coverage for yourself.
Ex: \$35,000 in Supplemental Life and \$15,000 in Basic Life for a combined \$50,000
- The employee is the beneficiary.

Premiums Per Pay Period¹

Coverage Amount	Cost Per Pay Period
\$2,000	\$0.43
\$4,000	\$0.87
\$6,000	\$1.30
\$10,000	\$2.17
\$12,000	\$2.60
\$15,000	\$3.25
\$50,000 ²	\$10.85

¹The total calculated premium may vary due to payroll rounding.

²You must have combined basic & supplemental coverage of at least \$50,000; supplemental life elections must be at least \$35,000.

Claims – You may open a claim with Securian directly – contact information is on p. 20.

Additional Free Services

There is no additional fee or enrollment for these resources. Just access them as you need them. You and your benefits-eligible dependents may access them, even if they are not insured with Securian. Learn more on lifebenefits.com/plandesign/Arizona > Forms & Documents Tab

- Travel – Lost luggage, ID theft support, medical relocation, repatriation of mortal remains, and more.
- Legal and Financial – Create a will, get a financial assessment, consult with an attorney, and more.
- Grief – Unlimited telephone consultation with grief professionals, and more.
- Legacy Planning – End-of-life planning, funeral arrangements, and more.

Portability and Conversion – If you leave State employment, you and/or your dependents may have the option to convert your coverage to an individual policy or port it to another group term life policy. Securian's contact information is on p. 20.



Wellness

The Wellness program is open to all benefits-eligible employees and offers free or low-cost services such as educational seminars and webinars, mini-health screenings, flu shots, and health challenges. Learn more on wellness.az.gov.

Health Impact Program - HIP

- **Earn \$200!** HIP is our award-winning wellbeing program for all benefits-eligible employees where you engage in regular healthy activities, wellness screenings, and preventive services to gain points and ultimately earn a \$200 annual incentive award for achieving your goals.
- **Track automatically** - We've partnered with Virgin Pulse to offer a state-of-the-art platform for your wellness journey. Track activities manually or on your device and sync effortlessly to earn points.
- **Choose your focus** - Have you been meaning to get more sleep? Want to build healthy habits? Need some nutrition ideas? You can choose where you want to focus so you can build better habits that keep you grounded and feeling good.
- **Next Steps Consult** - Take advantage of a live 15-minute concierge appointment for personal guidance on meeting your wellbeing goals with the HIP Virgin Pulse program.
- **Have fun!** - The Virgin Pulse app allows you to participate in challenges with your co-workers and have some friendly competition.
- **Bring the family!** All benefits-eligible state employees enrolled in state benefits can participate in this voluntary program. Spouses, and dependents age 18 and over may participate and use the HIP website but are not eligible to earn the incentive.
- **To enroll** - Visit join.virginpulse.com/hip, or find the Virgin Pulse app in your app store.



Health Screenings

To see the current schedule, visit wellness.az.gov/screenings.

- **Preventive Mini-Health Screenings** - The mini-health screening comes to your worksite for your convenience. For the most accurate results, the blood tests require you to fast for 8 hours and includes a full lipid panel and blood glucose measures for prevention and early detection of heart disease and diabetes. Our vendor also offers optional screens for osteoporosis (bone density), Prostate Specific Antigen (PSA), Hemoglobin A1C, and more.
- **Onsite Mammography Screening** - To fight breast cancer through early detection, we offer free mammograms at worksites statewide. For your convenience, appointments only last 15 minutes and results are sent directly to your physician.
- **Onsite Prostate Screening** - Early detection is the best defense against prostate cancer. We offer free, convenient prostate cancer screenings at worksites with a mobile medical unit. Participants receive a PSA blood test, a digital rectal exam (DRE), a testicular exam, and a physician consultation.

Weight and Diabetes Management Programs

Get the support and tools necessary for you to improve your health, experience positive outcomes, and achieve your personal health goals. Programs available to benefits-eligible employees, spouses, and dependents age 18 and over, visit wellness.az.gov/weight.

Weight Management

Paid by the State, must be enrolled in a State medical plan



Diabetes Prevention and Management

\$0 for eligible participants



Paid by employee



Employee Assistance Program

The Employee Assistance Program (EAP) is administered by ComPsych Guidance Resources. The EAP is for all benefits-eligible employees, spouses, and dependents living in their household. The program offers someone to talk to and resources to consult whenever you need them for solutions to life's challenges.

COMPSYCH[®]
— The GuidanceResources Company[®] —

Free and Confidential Service

- The toll-free number gives you direct, 24/7 access to a GuidanceConsultant, who will answer your questions and, if needed, refer you to a counselor or other resources.
- **Call: 877-327-2362 | TTY: 800-697-0353 | guidanceresources.com | App: GuidanceResources Now | Company Code: HN8876C**

Get the App

- Download the Guidance Resources Now app to have the help you need right at your fingertips—on the Apple App Store and Google Play.



Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts
- 12 free, confidential counseling sessions per issue per year
(for long-term counseling, please see your medical plan or our telemedicine service)



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts
- Estate planning, bankruptcy
- ID Theft
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees



Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, credit, debt, and more



Online Support - guidanceresources.com

GuidanceResources[®] Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand training
- "Ask the Expert" personal responses to your questions



Education Savings - AZ529 Plan

AZ529 is a state-sponsored savings plan designed to provide a parent, grandparent or future student an opportunity to save for educational expenses in a tax-deferred manner to pay for college, vocational and workforce training, apprenticeships and private K-12 education. You can save via direct deposit from your paycheck. Visit az529.gov.

Plan Documents and Legal Notices

If you participate or enroll in any of the Benefit Options Plans, you are entitled to the following plan documents and legal notices as summarized below. Detailed information is available to you electronically on benefitoptions.az.gov/resources.

Documents	Summary Description
Health Insurance Marketplace Coverage	Key parts of the healthcare law allow you a way to buy health insurance through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, a notice that provides some basic information about the new Marketplace and the Benefit Options health coverage is available.
Summary of Benefits and Coverage (SBC) and Uniform Glossary	As part of the Affordable Care Act, the federal government announced new rules regarding the disclosure of the Summary of Benefits and Coverage (SBC) and Uniform Glossary. These regulations require group health plans and health insurance issuers that offer coverage for groups and individuals to provide access to the SBC and Uniform Glossary.
Summary Plan Description (SPD)	The SPD, or Plan Document, is a summary of important benefit features of your Plan. The SPD may be revised at any time for Plan clarification purposes.
Insurance Certificates and Policies	Provides information on specific benefit coverage and limitations.
Legal Notices	Summary Description
Health Insurance Portability & Accountability Act (HIPAA)	This notice protects the privacy of individually identifiable health information and establishes who can use the personal health information and how it can be used.
Medicare Notice of Creditable Coverage	This notice has information about the prescription drug coverage through the Benefit Options program for participants with Medicare. It explains the options you have under Medicare prescription drug coverage (Medicare Part D) and can help you decide whether you want to enroll.
Consolidated Omnibus Budget Reconciliation Act (COBRA) Coverage Notice	Notice of the Arizona Benefit Options Program COBRA Coverage. This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan.
Patient Protection & Affordable Care Act (PPACA)	Notices of the Arizona Benefit Options Program about PPACA.
HIPAA Special Enrollment Rights Notice	This notice provides information regarding special enrollment. You may be able to enroll in the Benefit Options health plan without waiting for the next open enrollment period if you request a QLE change within 31 days of an event for loss of other coverage or birth, adoption or placement for adoption. Also, you may enroll if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage.
Women's Health and Cancer Rights Act (WHCRA)	This notice describes mandated benefits for mastectomy-related services and informs individuals that services are available for such treatment and services, including reconstructive surgery, prosthesis, and lymphedema treatment, and explains how to obtain a detailed description of the mastectomy-related benefits under the Plan.
Newborns' and Mothers' Health Protection Act of 1996	This notice provides that health plans and issuers may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child for prescribing a length of stay not more than 48 hours (or 96 hours). The plan may not require that a provider obtain authorization from the Plan for prescribing the minimum length of stay.
Wellness Program	This notice requires employers that offer wellness programs that collect health information to inform members what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential.
No Surprises Act	This notice provides information regarding your rights and protections against surprise medical bills. When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

Contact Information

Plan Type	Vendor Name	Phone	Website Email Policy Number
Benefit Options	ADOA HR Division - Benefits PO Box 6548 Phoenix, AZ 85005	602-542-5008 800-304-3687	Info: benefitoptions.az.gov Enroll: www.hrsystems.azdoa.gov> YES Portal Email: benefits@azdoa.gov
Decision Tool PicWell	PicWell		adoa.picwell.com
Dental	Cigna	800-968-7366	New members: view.ceros.com/cigna/stateofaz Members: mycigna.com Group: 2500541
	Delta Dental of Arizona	602-588-3620 866-978-2839	deltadentalaz.com/adoa Group: 77777-0000
Discounts	Higher Education Partners		benefitoptions.az.gov/highered
	Shopping - PerksConnect	877-253-7100	azbenefits.perksconnect.com
Education Savings	AZ529 Plan - State Treasurer's Office	602-542-7529	az529.gov
Employee Assistance Plan-EAP	ComPsych	877-327-2362	guidanceresources.com Code: HN8876C
Flexible Spending Accounts-FSA	TASC	833-433-4301	tasconline.com
Health Savings Account-HSA	Optum Financial	866-610-4839	optumbank.com/arizona
Life Insurance	Securian	833-745-5517	lifebenefits.com/plandesign/Arizona Group: 34681
Short-Term Disability-STD	MetLife	866-264-5144	Info: metlife.com/stateofarizona/ Claims: mybenefits.metlife.com/stateofarizona
Long-Term Disability-LTD	Broadspire Services, Inc. ASRS	877-232-0596	azasrs.gov/content/long-term-disability
	MetLife PSPRS, EORP, CORP & ORP	866-264-5144	Info: metlife.com/stateofarizona/ Claims: mybenefits.metlife.com/stateofarizona
Medical	Blue Cross Blue Shield Arizona	866-287-1980	New members: azblue.com/stateofaz Members: azblue.com Group: 30855
	UnitedHealthcare	800-896-1067	New members: whyuhc.com/stateofaz Members: myuhc.com Group: 705963
Prescription Drugs	MedImpact Formulary Preview - User: EPOADOA3, Password: Arizona202!	888-648-6769	medimpact.com/plan/adoa Rx BIN: 003585 Rx PCN: 28914
Retirement-AZ Smart Save (Deferred Compensation)	Nationwide Financial 457(b), 401(k), 403(b), 401(a)	800-796-9753	azsmartsave.com
Retirement Systems	Arizona State Retirement System	602-240-2000 800-621-3778	azasrs.gov
	Public Safety Personnel Retirement System (PSPRS), Elected Officials Retirement Plan (EORP), Corrections Officer Retirement Plan (CORP)	602-255-5575 877-925-5575	psprs.com
University Employees	Arizona State University	Employees: 855-278-5081 Faculty: 480-727-9900	cfo.asu.edu/benefits hresc@asu.edu
	Northern Arizona University	928-523-2223	nau.edu/human-resources
	University of Arizona	520-621-3660	hrsolutions@email.arizona.edu
Vision Plan	Avesis, Inc.	888-759-9772	avesis.com/arizona Policy: 11001-2178
Wellness & Flu Shots	ADOA HR-Benefits	602-771-9355	wellness.az.gov wellness@azdoa.gov



**ARIZONA DEPARTMENT OF ADMINISTRATION - ADOA
HUMAN RESOURCES DIVISION - BENEFITS**

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